

Food Establishment Inspection Report

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|--|--|--------------------------------------|---|
| Iowa Department of Inspections and Appeals Department of Inspections and Appeals 321 E 12th ST FL 3 Des Moines, IA 50319-0083 | No. Of Risk Factor/Intervention Violations | 1 | Date: 3/5/2019 Time In: 3:15 PM Time Out: 4:45 PM |
| | No. Of Repeat Factor/Intervention Violations | 0 | |
| Establishment: OLDE MAIN BREWING COMPANY | Address: 316 MAIN ST | City/State: AMES, IA | Zip: 50010 |
| License/Permit#: 12177 - Food Service Establishment License | Permit Holder: SCOTT GRIFFEN | Inspection Reason: Illness Complaint | Est. Type: Other, Other, Other, Restaurants, Other, Other, Other, Other |
| Telephone: 5152320553 | | | |
| Risk Category: Risk Level 4 (High) | | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable

(*) = Corrected on site during inspection (COS) R = Repeat violation

| | | | | |
|---|-------------|--|--|-----|
| Supervision | | | 15. Food separated and protected (Cross Contamination and Environmental) | IN |
| 1. Person in charge present, demonstrates knowledge, and performs duties | IN | | 16. Food contact surfaces: cleaned and sanitized | IN |
| 2. Certified Food Protection Manager | IN | | 17. Proper disposition of returned, previously served, reconditioned, and unsafe food | IN |
| Employee Health | | | Potentially Hazardous Food Time/Temperature Control for Safety | |
| 3. Management, food employee and conditional employee knowledge, responsibilities and reporting | IN | | 18. Proper cooking time and temperatures | IN |
| 4. Proper use of exclusions and restrictions | IN | | 19. Proper reheating procedures of hot holding | N/O |
| 5. Procedures for responding to vomiting and diarrheal events | N/O | | 20. Proper cooling time and temperatures | N/O |
| Good Hygienic Practices | | | 21. Proper hot holding temperatures | IN |
| 6. Proper eating, tasting, drinking, or tobacco use | IN | | 22. Proper cold holding temperatures | IN |
| 7. No discharge from eyes, nose, and mouth | IN | | 23. Proper date marking and disposition | IN |
| Control of Hands as a Vehicle of Contamination | | | 24. Time as a public health control: procedures and records | N/A |
| 8. Hands clean and properly washed | IN | | Consumer Advisory | |
| 9. No bare hand contact with ready to eat foods | IN | | 25. Consumer advisory provided for raw or undercooked foods | N/O |
| 10. Hand washing sinks properly supplied and accessible | OUT, (*), R | | Highly Susceptible Populations | |
| Approved Source | | | 26. Pasteurized foods used; prohibited foods not offered | N/O |
| 11. Foods obtained from an approved source | IN | | Food/Color Additives and Toxic Substances | |
| 12. Foods received at proper temperatures | N/O | | 27. Food additives: approved, properly stored, and used | N/O |
| 13. Food in good condition, safe, and unadulterated | N/O | | 28. Toxic substances properly identified, stored and used | N/O |
| 14. Required records available; shellstock tags, parasite destruction | N/A | | Conformance with Approved Procedures | |
| Protection from Contamination | | | 29. Compliance with variance, specialized process, reduced oxygen packaging criteria, and HACCP plan | N/O |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

| | | | | |
|---|-----|--|--|-----|
| Safe Food and Water | | | Proper Use of Utensils | |
| 30. Pasteurized eggs used where required | N/O | | 43. In use utensils: properly stored | N/O |
| 31. Water and ice from approved source | IN | | 44. Utensils, equipment, and linens: properly stored dried and handled | N/O |
| 32. Variance obtained for specialized processing methods | N/O | | 45. Single-use/single service articles: properly stored and used | N/O |
| Food Temperature Control | | | 46. Slash-resistant and cloth glove use | N/A |
| 33. Proper cooling methods used; adequate equipment for temperature control | IN | | Utensils, Equipment, and Vending | |
| 34. Plant food properly cooked for hot holding | N/O | | 47. Food and non-food contact surfaces are cleanable, properly designed, constructed, and used | N/O |
| 35. Approved thawing methods | N/O | | 48. Warewashing facilities: installed, maintained, and used; test strips | N/O |
| 36. Thermometers provided and accurate | IN | | 49. Non-food contact surfaces clean | N/O |
| Food Identification | | | Physical Facilities | |
| 37. Food properly labeled; original container | N/O | | 50. Hot and Cold water available; adequate pressure | N/O |
| Prevention of Food Contamination | | | 51. Plumbing installed; proper backflow devices | N/O |
| 38. Insects, rodents, and animals not present/outer openings protected | N/O | | 52. Sewage and waste water properly disposed | N/O |
| 39. Contamination prevented during food preparation, storage and display | IN | | 53. Toilet facilities: properly constructed, supplied, and cleaned | N/O |
| 40. Personal cleanliness | IN | | 54. Garbage and refuse properly disposed; facilities maintained | N/O |
| 41. Wiping cloths: properly used and stored | N/O | | 55. Physical facilities installed, maintained, and clean | N/O |
| 42. Washing fruits and vegetables | N/O | | 56. Adequate ventilation and lighting; designated areas used | N/O |
| | | | 57. Licensing; posting licenses and reports; smoking | N/O |

Inspection reports shall be posted no higher than eye level where the public can see and in a manner that the public can reasonably read the report.

P - Priority

PF- Priority Foundation

C - Core

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| Item Number | Violation of Code | Priority Level | Comment | Correct By Date |
|-------------|-------------------|----------------|---|-----------------|
| 10. | 6-301.14 | C | Observation: Hand washing sign not posted at hand sink in lower prep area. Corrected by posting hand washing sign. | COS |
| 10. | 6-301.12 | PF | Observation: Paper towels not available at hand sink in kitchen. Corrected by providing paper towels. | COS |

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|-------------|-------------------|----------------|---------|-----------------|
|-------------|-------------------|----------------|---------|-----------------|

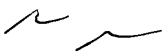
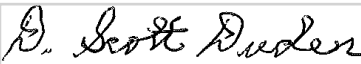
Inspection Published Comment:

10) Manager will check for handwashing signs daily.

Inspection conducted due to illness complaint received at office. Manager stated that no employees have reported to work ill and establishment does have an illness reporting policy in place. No major facility disruptions have occurred in the past several weeks. Complaint Unverifiable.

The following guidance documents have been issued:

| Document Name | Description |
|---|--|
| DIA_10HandWashing SinksSuppliedAndAcc essible | 10 Hand washing sinks properly supplied and accessible |


Matt Sinnwell
Person In Charge

D. SCOTT DUDEN
Inspector